

SIGNATORY AUTHORITY FOR OFFERS AND CONTRACTS / COMPANY INFORMATION

The purpose of this document is to clearly identify who has been delegated the authority to sign your Federal Supply Schedule (FSS) offer or contract on behalf of the named firm as well as identify pertinent company information. Pursuant to our policy, the only person(s) with the ability to delegate authority is an officer of the company. Therefore, please list the officers of the company in **block 6** of the form. In **block 7**, please list those persons to whom authority has been delegated to sign, negotiate and/or administer your Federal Supply Schedule (FSS) offer or contract. Finally, **blocks 15, 16, 17** must be signed by an officer of the company (**individual listed in block 6**) in order for our office to accept the authority. If you require additional space, you may use a properly titled attachment.

NOTE: All items must be completed; insert NA if information is not applicable. Definitions are provided on page 2.

| | | | |
|--|-------------------------|---------------------------------|-------------------------------|
| 1. TYPE <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISION | 2. DATE _____ | 3. SOLICITATION _____ | 4. CONTRACT # _____ |
|--|-------------------------|---------------------------------|-------------------------------|

5. COMPANY INFORMATION

| | | | |
|---|--|--|-------------------|
| A. NAME | | | |
| B. STREET ADDRESS | | C. COUNTY | |
| D. CITY | | E. STATE | F. ZIPCODE |
| G. TYPE OF ORGANIZATION (Check one) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> NON-PROFIT ORGANIZATION | | <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION, INCORPORATED UNDER THE LAWS OF THE STATE OF: _____ | |

6. NAMES OF OFFICERS, OWNERS, OR PARTNERS

| | | |
|---------------------|------------------------------|---------------------|
| A. PRESIDENT | B. VICE PRESIDENT | C. SECRETARY |
| D. TREASURER | E. OWNERS OR PARTNERS | |

7. PERSONS AUTHORIZED TO SIGN OFFERS AND CONTRACTS IN YOUR NAME (Indicate if agent)

| NAME | OFFICIAL CAPACITY | TELEPHONE NUMBER |
|------|-------------------|------------------|
| | | |
| | | |

8. BUSINESS INFORMATION

| | | |
|---|--|---|
| A. SIZE OF BUSINESS (See definitions on reverse) <input type="checkbox"/> SMALL BUSINESS (Complete block 9) <input type="checkbox"/> OTHER THAN SMALL BUSINESS | B. AVERAGE NUMBER OF EMPLOYEES (Including affiliates) FOR FOUR (4) PRECEDING CALENDAR QUARTERS _____ | C. AVERAGE ANNUAL SALES OR RECEIPTS FOR PRECEDING THREE (3) FISCAL YEARS \$ _____ |
|---|--|---|

9. TYPE OF OWNERSHIP (See definitions on reverse)

| | |
|---|---|
| <input type="checkbox"/> DISADVANTAGED BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> VERY SMALL BUSINESS <input type="checkbox"/> 8(A) | <input type="checkbox"/> WOMEN-OWNED BUSINESS <input type="checkbox"/> VETERAN-OWNED BUSINESS <input type="checkbox"/> SERVICE DISABLED VETERAN |
|---|---|

10. TYPE OF BUSINESS (See definitions on reverse)

| |
|--|
| <input type="checkbox"/> MANUFACTURER OR PRODUCER <input type="checkbox"/> SERVICE ESTABLISHMENT <input type="checkbox"/> DEALER <input type="checkbox"/> DISTRIBUTOR |
|--|

11. IDENTIFICATION NUMBERS (if applicable):

DUN & BRADSTREET: _____

TAX IDENTIFICATION NUMBER: _____

12. HOW LONG IN PRESENT BUSINESS

13. FLOOR SPACE (In square feet)

| | | | |
|-------------------------|---------------------|----------------|------------------|
| A. MANUFACTURING | B. WAREHOUSE | A. DATE | B. AMOUNT |
|-------------------------|---------------------|----------------|------------------|

14. NET WORTH

CERTIFICATION -- I certify that information supplied herein (including all pages attached) is correct and that neither the company nor any person (for concern) in any connection with the company as a principal or officer, so far as it known, is now debarred or otherwise declared ineligible by any agency of the Federal Government from making offers for furnishing materials, supplies, or services to the Government or any agency thereof.

| | | |
|--|-------------------------------|---------------------------------|
| 15. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN (Type or Print) _____ | 16. SIGNATURE _____ | 17. DATE SIGNED _____ |
|--|-------------------------------|---------------------------------|

DEFINITIONS

SIZE OF BUSINESS (See Item 8A.)

Small business concern – A small business concern for the purpose of Government procurement is a concern, including its affiliates, which is independently owned and operated, is not dominant in the field of operation in which it is competing for government contracts and can further qualify under the criteria concerning number of employees, annual average gross revenue, or other criteria, as prescribed by the Small Business Administration. (See Code of Federal Regulations, Title 13, Part 121, as amended, which contains detailed industry definitions and related procedures.)

Affiliates – means associated business concerns or individuals, if directly or indirectly, either one controls or has the power to control the other, or another concern controls or has the power to control both. In determining whether affiliation exists, consideration is given to all appropriate factors including common ownership, common management, and contractual relationships; provided, that restraints imposed by a franchise agreement are not considered in determining whether the franchisor controls or has power to control the franchisee, if the franchisee has the right to profit from its effort, commensurate with ownership, and bears the risk or loss or failure. Any business entity may be found to be an affiliate, whether or not it is organized for profit or located inside the United States. (See item 8B.)

Number of employees – (Item 8B) In connection with the determination of small business status, number of employees means the average employment of any concern, including the employees of its domestic and foreign affiliates, based on the number of persons employed on a full-time, part-time, temporary, or other basis during each of the pay periods of the preceding 12 months. If a concern has not been in existence for 12 months, number of employees means the average employment of such concerns and its affiliates during the period that such concern has been in existence based on the number of persons employed during each of the pay periods of the period that such concern has been in business.

TYPE OF BUSINESS (See Item 10.)

Manufacturer or producer – means a person (or concern) owning, operating, or maintaining a store, warehouse, or other establishment that produces, on the premises, the materials, supplies, articles, or equipment of the general character of those listed in Item 10, or in the Federal Agency's Supplemental Commodity List, if attached.

Service Establishment – means a concern (or person) which owns, operates, or maintains any type of business which is principally engaged in the furnishing of nonpersonal services, such as (but not limited to) repairing, cleaning, redecorating, or rental of personal property, including the furnishing of necessary repair parts or other supplies as part of the services performed.

TYPE OF OWNERSHIP (See Item 9.)

Disadvantaged Small Business – means an offeror that represents as part of its offer, that it is a small business under the size standard applicable to the acquisition and either it has received certification as small disadvantaged business concern consistent with 13 CFR part 124 subpart b; and no material change in disadvantaged ownership and control has occurred since its certification; where the concern is owned by one or more disadvantaged individuals the net worth of each individual upon whom the certification is based does not exceed \$750,000 after taking into account their applicable exclusion set forth at 13 CFR 124.104(c)(2) and it is identified on the date of its representation as a certified small disadvantaged business concern in the database maintained by the Small Business Administration (Pro-Net).

HUBZone Small Business – means a historically underutilized business zone which is an area located within one or more qualified census tracts, qualified nonmetropolitan counties or lands within the external boundaries of an Indian reservation. A small business concern that appears on the List of Qualified HUB Zone Small Business Concerns maintained by the SBA.

Veteran-Owned Small Business – means not less than 51 percent of which is owned by one or more veteran or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and the management and daily business operations of which are controlled by one or more veterans.

Women-Owned Small Business – means a small business concern which is at least 51 percent owned by one or more women or in the case of any publicly owned business at least 51 percent of the stock of which is owned by one or more women; and whose management and daily business operations are controlled by one or more women.

Service Connected Disabled Veteran-Owned Small Business – A business that is at least 51 percent owned by a person(s) and managed by a service-connected disabled veteran(s) or any publicly owned small business, not less than 51 percent of the stock of which is owned by one or more service-connected disabled veteran. The term "service-connected" means, with respect to disability that such disability was incurred or aggravated in the line of duty in the active military, naval, or air service.

Very Small Business – means a small business concern whose headquarters is located within the geographic area served by a designated SBA district and which together with its affiliates has no more than 15 employees and has average annual receipts that do not exceed \$1 million.

8(A) – Section 8(a) of the Small Business Act established a program that authorizes the Small Business Administration to enter into all types of contracts with other agencies and let subcontract for performing those contracts to firms eligible for program participation. The Small Business Administration for this program must certify you.